

# CLOSURE TRACKING CHART

1/84

Facility Name: Astro Cleaning + Packaging

Facility EPA ID #: VAD 087337820

1. Date of notice of termination of interim status 5/3/84
2. Closure plan requested \_\_\_\_\_  
 Closure plan received \_\_\_\_\_  
 Modification/clarification requested \_\_\_\_\_  
 Modification/clarification received \_\_\_\_\_
3. Date of Public Notice \_\_\_\_\_  
 Modification/clarification requested \_\_\_\_\_  
 Modification/clarification received \_\_\_\_\_
4. Date of Closure plan approval \* FE
5. Owner certification received \* see 10/29/82 correspondence
6. P.E. certification received \_\_\_\_\_
7. Closure inspection(s) \_\_\_\_\_
8. Is post-closure required? \_\_\_\_\_  
 If yes, see Section 9.07.07 \_\_\_\_\_

*EPA letter dated Nov. 10, 1982  
 states that company does not  
 qualify for interim status.*

May 3, 1984

CERTIFIED-RETURN  
RECEIPT REQUESTED

Duncan Jones, Division Manager  
Astro Cleaning & Packaging Corp.  
1624 Steel Street, Box 6240  
Chesapeake, Virginia 23323

Dear Mr. Jones:

By letter dated February 27, 1984, you were notified that the Bureau was proposing to terminate the interim status of your facility located in Chesapeake, Virginia (VAD087337820). This action was taken in response to your October 29, 1982 letter stating that you would not be seeking a permit.

On March 7, 1984, a public notice of intent to terminate interim status for this facility under Virginia Hazardous Waste Management Regulations (VHWMR) appeared in the Chesapeake Post newspaper in Chesapeake, Virginia. No pertinent comments or requests for a hearing were received during the public comment period which ended April 6, 1984.

Enclosed is the Notice of Termination of Interim Status for the facility cited above. This notification constitutes final action under Section 11.00 of the VHWMR.

If you have questions regarding this notice, please contact William F. Gilley at (804) 225-2667.

Sincerely,

William F. Gilley, P.E., Director  
Division of Solid and Hazardous  
Waste Management

James B. Kenley, M.D.  
State Health Commissioner

Enclosure

WFG/JBK/JKC:187/sms

Drafted by: WFG

Approved by: \_\_\_\_\_

cc'd 11/05/77

NOTICE OF TERMINATION OF INTERIM STATUS

Name and Address of Applicant: Astro Cleaning & Packaging Corporation  
1624 Steel Street, Box 6240  
Chesapeake, Virginia 23323

Name and Address of Facility: Astro Cleaning & Packaging Corporation  
1624 Steel Street, Box 6240  
Chesapeake, Virginia 23323

EPA I. D. Number: VAD087337820

Description of Facility and Action: The above facility has, since November 19, 1980, operated a hazardous waste management facility subject to regulations promulgated under the Resource Conservation and Recovery Act. This facility qualified for interim status for storage, which is conferred by the Act and allows a facility to operate until final disposition of its permit application. On October 29, 1982, the facility sent a letter to EPA and the Bureau indicating that they wish to close their storage area and no longer operate as a TSD. EPA responded on November 10, 1982 by withdrawing the Part A and indicating that the facility no longer qualified for interim status under Section 3005(e) of the Act. The Bureau published a notice of termination of interim status and provided the opportunity for hearing. The public comment period began on March 7, 1984 and ended on April 6, 1984. During that period, no comments or requests for hearing were received.

The action finalized by this notice is the termination of interim status for this facility by authority of Section 11.00 of the Virginia Hazardous Waste Management Regulations (VHWMR). Upon termination of interim status, the facility is prohibited from operating as a hazardous waste management facility.

---

William F. Gilley, P.E., Director  
Division of Solid and Hazardous  
Waste Management

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James B. Kenley, M.D.  
State Health Commissioner



UNITED STATES ENVIRONMENTAL PROTECTION AGENCY

REGION III

6TH AND WALNUT STREETS  
PHILADELPHIA, PENNSYLVANIA 19106

**Certified Mail**  
**Return Receipt Requested**

November 10, 1982

Mr. Carl W. Verheyen, Jr.  
Astro Cleaning & Packaging Corporation  
1624 Steel Street  
Chesapeake, VA 23323

Re: Facility Name: Astro Cleaning & Packaging Corporation  
Facility Location: 1624 Steel Street - Chesapeake, VA 23323  
EPA I.D. Number: VAD 08 733 7820

Dear Mr. Verheyen:

The Environmental Protection Agency (EPA) has received Part A of a permit application pursuant to Section 3005 of the Resource Conservation and Recovery Act (The Act) for the facility referenced above. We have received your request to withdraw your permit application on October 29, 1982. Accordingly, the Agency is returning the application.

Since you have withdrawn your permit application, EPA considers your facility to no longer qualify for interim status under Section 3005(e) of the Act. If you decide in the future that you wish to use this facility for the treatment, disposal or long term storage of hazardous waste, you must apply for and receive an EPA permit prior to commencing such activities.

Sincerely yours,

Patrick R. Anderson  
Chief, RCRA Permit & Pesticides Section  
Air and Waste Management Division

Enclosure



**ACKNOWLEDGEMENT OF NOTIFICATION  
OF HAZARDOUS WASTE ACTIVITY  
(VERIFICATION)**

This is to acknowledge that you have filed a Notification of Hazardous Waste Activity for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA I.D. NUMBER

• VAD087337820

INSTALLATION ADDRESS

ASTRO CLEANING AND PACKAGING CORP  
1624 STEEL STREET PO BOX 6240  
CHESAPEAKE VA 23323

1524 STEEL ST BOX 6240  
CHESAPEAKE VA 23323



I.D. - FOR OFFICIAL USE ONLY															
S														T/A	C
W														1	
1	2											13	14	15	

# IX. DESCRIPTION OF HAZARDOUS WASTES (continued from front)

**A. HAZARDOUS WASTES FROM NON-SPECIFIC SOURCES.** Enter the four-digit number from 40 CFR Part 261.31 for each listed hazardous waste from non-specific sources your installation handles. Use additional sheets if necessary.

1 F 0 0 1	2	3	4	5	6
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
7	8	9	10	11	12
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26

**B. HAZARDOUS WASTES FROM SPECIFIC SOURCES.** Enter the four-digit number from 40 CFR Part 261.32 for each listed hazardous waste from specific industrial sources your installation handles. Use additional sheets if necessary.

13	14	15	16	17	18
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
19	20	21	22	23	24
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
25	26	27	28	29	30
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26

**C. COMMERCIAL CHEMICAL PRODUCT HAZARDOUS WASTES.** Enter the four-digit number from 40 CFR Part 261.33 for each chemical substance your installation handles which may be a hazardous waste. Use additional sheets if necessary.

31	32	33	34	35	36
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
37	38	39	40	41	42
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
43	44	45	46	47	48
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26

**D. LISTED INFECTIOUS WASTES.** Enter the four-digit number from 40 CFR Part 261.34 for each listed hazardous waste from hospitals, veterinary hospitals, medical and research laboratories your installation handles. Use additional sheets if necessary.

49	50	51	52	53	54
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26

**E. CHARACTERISTICS OF NON-LISTED HAZARDOUS WASTES.** Mark "X" in the boxes corresponding to the characteristics of non-listed hazardous wastes your installation handles. (See 40 CFR Parts 261.21 - 261.24.)

☐ 1. IGNITABLE  
(D001)


☐ 2. CORROSIVE  
(D002)

☐ 3. REACTIVE  
(D003)

☐ 4. TOXIC  
(D000)

## X. CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

SIGNATURE 	NAME & OFFICIAL TITLE (type or print) Duncan P. Jones Division Manager	DATE SIGNED Oct. 29, 1982
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U.S. ENVIRONMENTAL PROTECTION AGENCY  
NOTIFICATION OF HAZARDOUS WASTE ACTIVITY

INSTALLATION'S EPA I.D. NO.

I. NAME OF INSTALLATION

II. INSTALLATION MAILING ADDRESS

III. LOCATION OF INSTALLATION

PLEASE PLACE LABEL IN THIS SPACE

**INSTRUCTIONS:** If you received a preprinted label, affix it in the space at left. If any of the information on the label is incorrect, draw a line through it and supply the correct information in the appropriate section below. If the label is complete and correct, leave Items I, II, and III below blank. If you did not receive a preprinted label, complete all items. "Installation" means a single site where hazardous waste is generated, treated, stored and/or disposed of, or a transporter's principal place of business. Please refer to the INSTRUCTIONS FOR FILING NOTIFICATION before completing this form. The information requested herein is required by law (Section 3010 of the Resource Conservation and Recovery Act).

RECEIVED

## FOR OFFICIAL USE ONLY

## COMMENTS

EPA REGION III

Aug 18 80 000023

INSTALLATION'S EPA I.D. NUMBER

APPROVED

DATE RECEIVED (yr., mo., & day)

## I. NAME OF INSTALLATION

ASTRO CLEANING AND PACKAGING CORP

## II. INSTALLATION MAILING ADDRESS

## STREET OR P.O. BOX

1624 STEEL STREET PO BOX 6240

## CITY OR TOWN

## ST.

## ZIP CODE

CHESAPEAKE VA 23323

## III. LOCATION OF INSTALLATION

## STREET OR ROUTE NUMBER

1624 SAME STEEL ST BOX 6240

## CITY OR TOWN

## ST.

## ZIP CODE

CHESAPEAKE VA 23323

## IV. INSTALLATION CONTACT

## NAME AND TITLE (last, first, &amp; job title)

## PHONE NO. (area code &amp; no.)

2 RUSSELL JERRY 804-485-5305

## V. OWNERSHIP

## A. NAME OF INSTALLATION'S LEGAL OWNER

8 ASTRO CLEANING AND PACKAGING CORP

## B. TYPE OF OWNERSHIP (enter the appropriate letter into box)

F = FEDERAL  
M = NON-FEDERAL

## VI. TYPE OF HAZARDOUS WASTE ACTIVITY (enter "X" in the appropriate box(es))

## A. GENERATION

## B. TRANSPORTATION (complete item VII)

## C. TREAT/STORE/DISPOSE

## D. UNDERGROUND INJECTION

## VII. MODE OF TRANSPORTATION (transporters only - enter "X" in the appropriate box(es))

☐

A. AIR

☐

B. RAIL

☒

C. HIGHWAY

☐

D. WATER

☐

E. OTHER (specify):

## VIII. FIRST OR SUBSEQUENT NOTIFICATION

Mark "X" in the appropriate box to indicate whether this is your installation's first notification of hazardous waste activity or a subsequent notification. If this is not your first notification, enter your Installation's EPA I.D. Number in the space provided below.

☒

A. FIRST NOTIFICATION

☐

B. SUBSEQUENT NOTIFICATION (complete item C)

## C. INSTALLATION'S EPA I.D. NO.

## IX. DESCRIPTION OF HAZARDOUS WASTES

Please go to the reverse of this form and provide the requested information.



5	W	U	A	D	0	8	7	3	3	7	8	2	0	2	1
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16

**IX. DESCRIPTION OF HAZARDOUS WASTES** (continued from front)

**A. HAZARDOUS WASTES FROM NON-SPECIFIC SOURCES.** Enter the four-digit number from 40 CFR Part 261.31 for each listed hazardous waste from non-specific sources your installation handles. Use additional sheets if necessary.

1 F001 23 - 26	2 23 - 26	3 23 - 26	4 23 - 26	5 23 - 26	6 23 - 26
7 23 - 26	8 23 - 26	9 23 - 26	10 23 - 26	11 23 - 26	12 23 - 26

**B. HAZARDOUS WASTES FROM SPECIFIC SOURCES.** Enter the four-digit number from 40 CFR Part 261.32 for each listed hazardous waste from specific industrial sources your installation handles. Use additional sheets if necessary.

13 23 - 26	14 23 - 26	15 23 - 26	16 23 - 26	17 23 - 26	18 23 - 26
19 23 - 26	20 23 - 26	21 23 - 26	22 23 - 26	23 23 - 26	24 23 - 26
25 23 - 26	26 23 - 26	27 23 - 26	28 23 - 26	29 23 - 26	30 23 - 26

**C. COMMERCIAL CHEMICAL PRODUCT HAZARDOUS WASTES.** Enter the four-digit number from 40 CFR Part 261.33 for each chemical substance your installation handles which may be a hazardous waste. Use additional sheets if necessary.

31 23 - 26	32 23 - 26	33 23 - 26	34 23 - 26	35 23 - 26	36 23 - 26
37 23 - 26	38 23 - 26	39 23 - 26	40 23 - 26	41 23 - 26	42 23 - 26
43 23 - 26	44 23 - 26	45 23 - 26	46 23 - 26	47 23 - 26	48 23 - 26

**D. LISTED INFECTIOUS WASTES.** Enter the four-digit number from 40 CFR Part 261.34 for each listed hazardous waste from hospitals, veterinary hospitals, medical and research laboratories your installation handles. Use additional sheets if necessary.

49 23 - 26	50 23 - 26	51 23 - 26	52 23 - 26	53 23 - 26	54 23 - 26
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**E. CHARACTERISTICS OF NON-LISTED HAZARDOUS WASTES.** Mark "X" in the boxes corresponding to the characteristics of non-listed hazardous wastes your installation handles. (See 40 CFR Parts 261.21 - 261.24.)

☐ 1. IGNITABLE  
(D001)

☐ 2. CORROSIVE  
(D002)

☐ 3. REACTIVE  
(D003)

☐ 4. TOXIC  
(D000)
**X. CERTIFICATION**

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

SIGNATURE

NAME &amp; OFFICIAL TITLE (type or print)

DATE SIGNED



CARL W. VERHEYEN

EXEC  
V.P.

9/14/80



# COMMONWEALTH of VIRGINIA

*Department of Health*

*Richmond, Va. 23219*

November 4, 1982

JAMES B. KENLEY, M.D.  
COMMISSIONER

Shirley Bulkin (3AW31)  
RCRA Permit Enforcement Branch  
EPA Region III  
Curtis Building  
6th & Walnut Street  
Philadelphia, PA 19106

Dear Ms. Bulkin:

The enclosed notification for Astro Cleaning and Packaging Corporation, VAD 087337820, was sent to this office as a result of an inspection of this facility and reflects a change in the company's hazardous waste activities. I have taken the liberty of making a copy for our files.

If you have any questions, please contact me at (804) 786-0806.

Sincerely,

A handwritten signature in cursive script, appearing to read "Sandra L. Morse".

Sandra L. Morse, Biologist  
Bureau of Hazardous Waste Management

SLM/ac  
Enclosure

## INSPECTION CHECKLIST

Remain a pen.

Name: Astro Cleaning & Packaging CorpReview Date 7/9/82ID No. VAD 087 337 820Inspection Date: 6/16/82Inspector: M. HABIBI - S. MORSE

## Violations:

inspection schedule and log for emergency equip.  
job titles & descriptions, training, waste locations,  
local assistance, contingency plan, manifests, closure plan

Class 3

VA has notified facility to comply  
(letter 6/30/82)

7/14/82 Sandra Morse - Re-inspection scheduled for 9/82

## Compliance Check

Date 11/8/82

Facility has purchased still for solvent recovery. To be  
in operation by 11/15/82. Excess spent solvent sent  
to Pullman Co. Facility changing to generator status  
only. No more TSD. Still bottoms and any  
excess solvent which distillation unit cannot handle  
on schedule, will be shipped off site to Pullman  
in less than 90 days

-Norton

COMMONWEALTH OF VIRGINIA  
DEPARTMENT OF HEALTH

MEMO SHEET

Date 11-4-82

Time: \_\_\_\_\_

To Harry Weber

- |   |   |                                      |
|---|---|--------------------------------------|
| <input type="checkbox"/> Initial and return | <input type="checkbox"/> Please call    | <input type="checkbox"/> Information |
| <input type="checkbox"/> Handle             | <input type="checkbox"/> Reply for Sig. | <input type="checkbox"/> Comments    |
| <input type="checkbox"/> File               | <input type="checkbox"/> As discussed   | <input type="checkbox"/> Approval    |
| <input type="checkbox"/> Discuss with me    | <input type="checkbox"/> As requested   | <input type="checkbox"/> Signature   |
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

ADM-1308  
3-69

S. Morse

Signature

VAD. 08 733 7820



October 29, 1982

Bureau of Hazardous Waste Management  
Room 906, Madison Building  
109 Governor St.  
Richmond, VA 23219

Attention: Sandra Morse, Biologist

Dear Sandra:

In accordance with your request at our last meeting, I am writing to inform the Bureau of the actions that Astro Pak has undertaken to comply with the regulations.

Item No. 1:

Problem: Astro Pak's storage of spent Halogenated Solvents listed under F001.

Resolution: Astro Pak contracted with the Prillaman Co. of Martinsville, Virginia, to transport and reclaim the solvent. This was done on Oct. 12 & 13, 1982. Please see attached Hazardous Waste Manifest for those dates. Manifest Document No. 00001 and 00002.

Item No. 2:

Problem: Astro Pak's future spent solvent generation

Resolution: Astro Pak has purchased and has taken delivery of a Branson No. S121W Solvent Recovery Still. (See attached shipping document/drawing.)

Item No. 3:

Problem: Astro Pak's status with the EPA. As a result of the above changes in our operations.

Resolution: I have completed EPA Form No. 8700-12 (Notification of Hazardous Waste Activity), changing the type of activity in Section VI from "C Treat/Store/Dispose" to "A. Generation and B. Transportation." (See attached EPA Form 8700-12)

Sandra - It is Astro Pak's intention to recycle our spent Freon as we generate 1 or 2 drums. This would put us in the status of a small generator (less than 2,000 pounds). At some time in the future, should we generate still bottoms approaching 2,000 pounds, we will contract with an approved disposal company to handle that waste.

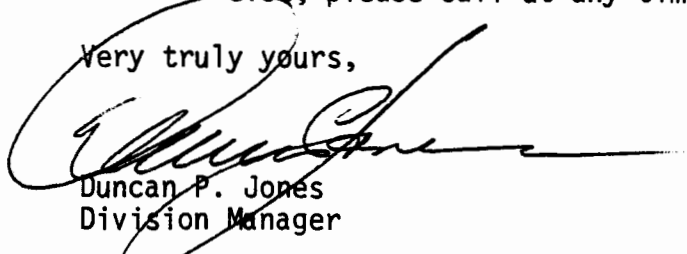
If at some point in the future, should we have a larger quantity of spent Freon than the 2,000 pounds allowed, Astro Pak would then contract with the Prillaman Company to pick up the waste directly from the job site.

NOTE: Our Recovery Still should be operational no later than Nov. 15, 1982.

-----  
I would like to personally thank you for your past considerations, patience and professional manner in which you handled our situation, helping Astro Pak avoid the problems, which would surely have materialized without your advice.

I hope this information is satisfactory, but if you require anything else, please call at any time.

Very truly yours,



Duncan P. Jones  
Division Manager

DJ:mr

Attachment

# Commonwealth of Virginia



## DEPARTMENT OF HEALTH

### AMMENDED PERMIT

### HAZARDOUS WASTE TRANSPORTER PERMIT

Astro Cleaning & Packaging Corp. is hereby granted permission to operate as a hazardous waste transporter in accordance with the provisions of Section 32.1-180, Title 32.1, Code of Virginia (1950) as amended, and Section 7.04, Hazardous Waste Management Regulations as adopted by the State Board of Health, effective May 21, 1981.

The transporter of hazardous wastes must meet all provisions of Section 7.00 of the Regulations as set forth by the State Board of Health.

The term of the transporter permit shall be ten years from the date of issue, unless terminated earlier in accordance with Section 7.04 of the Regulations.

Astro Cleaning & Packaging Corp. has been assigned control numbers shown below which must appear on all coorespondence related to the transport of hazardous waste, all manifests and all documents related to the reporting of a spill or accident. These numbers may not be transferred without the approval of the Commissioner.

Hazardous Waste Transporter ID Number VAD 087337820

Virginia Hazardous Waste Transporter Permit Number VAD 0873378202

Date of Issue October 20, 1981

Handwritten signature of William F. Gilley.

Director, Division of Solid and  
Hazardous Waste Management

Handwritten signature of the State Health Commissioner.

State Health Commissioner

**STRAIGHT BILL OF LADING**

ORIGINAL - NOT NEGOTIABLE

MANIFEST DOCUMENT NUMBER

00001

TO: T/S/D/F The Prillaman Co.  
E.P.A. ID Code No. VAD003-111-416  
Address Fisher Road  
Destination Martinsville, Virginia 24112  
Phone (703) 638-8829

FROM: Generator Astro Pak  
E.P.A. ID Code No. VA 087337820  
Address 1624 Steel St.  
Origin Chesapeake, Va. 23323  
Phone (804) 485-5305

No Shipping Units	D.O.T. PROPER SHIPPING NAME	HAZARD CLASS	Haz. Mat. I.D. No.	EPA Haz Waste No.	WEIGHT	LABELS REQUIRED (or Exemption No.)
13 drums	Hazardous waste, liquid, n.o.s. (1, 1, 2 trichloro, 1, 2, 2 trifloro ethane)	ORM-F	NA9189	F001		EPA

**PLACARDS REQUIRED** Drive safely

NOTE - Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property. The agreed or declared value of the property is hereby specifically stated by the shipper to be not exceeding \$ \_\_\_\_\_ Per \_\_\_\_\_

Subject to Section 7 of the conditions, if this shipment is to be delivered to the consignee without recourse on the consignee, the consignee shall sign the following statement:  
The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.  
(Signature of Consignee) \_\_\_\_\_

**FREIGHT CHARGES**  
PREPAID ☐ COLLECT ☐

RECEIVED, subject to the classifications and tariffs in effect on the date of the issue of this Bill of Lading, the property described above in apparent good order, except as noted (contents and condition of contents or packages unknown), marked, consigned, and destined as indicated above which said carrier (the word carrier being understood throughout this contract as meaning any person or corporation in possession of the property under the contract) agrees to carry to its usual place of delivery at said destination, if on its route, otherwise to deliver to another carrier on the route to said destination. It is mutually agreed as to each carrier of all or any of, said property over all or any portion of said route to destination and as to each party at any time interested in all or any said property, that every service to be performed hereunder shall be subject to all the bill of lading terms and conditions in the governing classification on the date of shipment. Shipper hereby certifies that he is familiar with all the bill of lading terms and conditions in the governing classification and the said terms and conditions are hereby agreed to by the shipper and accepted for himself and his assigns.

**ALTERNATE DESTINATION (EMERGENCY ONLY)**

T/S/D/F \_\_\_\_\_  
E.P.A. ID Code No. \_\_\_\_\_  
Address \_\_\_\_\_  
Destination \_\_\_\_\_

**EMERGENCY RESPONSE INFORMATION**

CONTACT Name \_\_\_\_\_  
Phone \_\_\_\_\_  
National Response Center 1-800-424-8802  
in D. C. 426-2675

**CERTIFICATION**

This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the U.S. Environmental Protection Agency.

Generator Signature \_\_\_\_\_ Date \_\_\_\_\_

TRANSPORTER #1 The Prillaman Co., VAD003-111-416 E.P.A. ID No. VAD0003-111-416  
Address Fisher Road, Martinsville, Virginia 24112  
City Martinsville State Va. Zip 24112 Phone (703) 638-8829

Transporter No. 1 This is to certify acceptance of the hazardous waste shipment.  
Signature \_\_\_\_\_ Date 10/12/82

TRANSPORTER #2 E.P.A. ID No. \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

Transporter No. 2 This is to certify acceptance of the hazardous waste shipment.  
Signature \_\_\_\_\_ Date \_\_\_\_\_

**TREATMENT/STORAGE/DISPOSAL/FACILITY**

T/S/D/F This is to certify acceptance of the hazardous waste for treatment, storage, or disposal.  
Signature \_\_\_\_\_ Date 10-14-82

**ORIGINAL - RETURN TO GENERATOR**

7-815-015-PLN



## STRAIGHT BILL OF LADING

ORIGINAL - NOT NEGOTIABLE

MANIFEST DOCUMENT NUMBER

00002

TO: T/S/D/F The Prillaman Co.	FROM: Generator Astro Pak
E.P.A. ID Code No. VAD003-111-416	E.P.A. ID Code No. VA 087337820
Address Fisher Road	Address 1624 Steel St.
Destination Martinsville, Virginia 24112	Origin Chesapeake, Va. 23323
Phone 703-638-8829	Phone 804-485-5305

No. Shipping Units	D.O.T. PROPER SHIPPING NAME	HAZARD CLASS	Haz. Mat. I.D. No.	EPA Haz. Waste No.	WEIGHT	LABELS REQUIRED (or Exemption No.)
27	drums- Hazardous waste, liquid n.o.s. (1, 1, 2 trichloro, 1, 2, 2 trifloro ethane )	ORM-F	NA9189	F001		EPA

## PLACARDS REQUIRED DRIVE SAFELY

NOTE - Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property. The agreed or declared value of the property is hereby specifically stated by the shipper to be not exceeding \$ _____ Per _____	Subject to Section 7 of the conditions, if this shipment is to be delivered to the consignee without recourse on the consignee, the consignor shall sign the following statement: The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges. Signature of Consignor _____	FREIGHT CHARGES PREPAID <input type="checkbox"/> COLLECT <input type="checkbox"/>
--	--	--

RECEIVED: subject to the classifications and tariffs in effect on the date of the issue of this Bill of Lading, the property described above in apparent good order, except as noted (contents and condition of contents of packages unknown), marked, consigned, and destined as indicated above which said carrier (the word carrier being understood throughout this contract as meaning any person or corporation in possession of the property under the contract) agrees to carry to its usual place of delivery at said destination, if on its route, otherwise to deliver to another carrier on the route to said destination. It is mutually agreed as to each carrier of all or any of, said property over all or any portion of said route to destination and as to each party at any time interested in all or any said property, that every service to be performed hereunder shall be subject to all the bill of lading terms and conditions in the governing classification on the date of shipment. Shipper hereby certifies that he is familiar with all the bill of lading terms and conditions in the governing classification and the said terms and conditions are hereby agreed to by the shipper and accepted for himself and his assigns.

## ALTERNATE DESTINATION (EMERGENCY ONLY)

## EMERGENCY RESPONSE INFORMATION

T/S/D/F _____	CONTACT Name _____
E.P.A. ID Code No. _____	Phone _____
Address _____	National Response Center 1-800-424-8802
Destination _____	in D. C. 426-2675

## CERTIFICATION

This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the U.S. Environmental Protection Agency.

Generator Signature \_\_\_\_\_ Date \_\_\_\_\_

TRANSPORTER #1 The Prillaman Co. VAD003-111-416 E.P.A. ID No. VAD0003-111-416  
Address Fisher Road  
City Martinsville State Va. Zip 24112 Phone 703-638-8829

Transporter No. 1 Signature \_\_\_\_\_ This is to certify acceptance of the hazardous waste shipment. Date 10/15/82

TRANSPORTER #2 \_\_\_\_\_ E.P.A. ID No. \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

Transporter No. 2 Signature \_\_\_\_\_ This is to certify acceptance of the hazardous waste shipment. Date \_\_\_\_\_

## TREATMENT/STORAGE/DISPOSAL/FACILITY

T/S/D/F Signature \_\_\_\_\_ This is to certify acceptance of the hazardous waste for treatment, storage, or disposal. Date 10-15-82

ORIGINAL - RETURN TO GENERATOR

# THE PRILLAMAN CO. - PRILLAMAN CHEMICAL CORP.

P. O. BOX 4024

MARTINSVILLE, VIRGINIA 24112

TEL. (703) 638-8829

2813

Customer

Date Oct. 14, 1982

Location

1624 Steel St.  
Chesapeake, Va.

Our Truck 2397

DRUMS	GALLONS	PICKUP CONFIRMATION
		RED LABEL - Empty drums previously containing a Flammable Liquid, N.O.S.
		YELLOW LABEL - Empty drums previously containing a Combustible Liquid, N.O.S.
		WHITE LABEL - Empty drums previously containing a Corrosive Liquid, N.O.S.
		POISON LABEL - Empty drums previously containing a Poison, N.O.S.
		EMPTY DRUMS NOT CLASSIFIED ABOVE
		FLAMMABLE LIQUID - Drums of Sludge, Compound Thinning, Red Label Required
		NO LABEL REQUIRED - Drums of Non- Flammable Sludge
		EMPTY DRUMS FOR LATER PICKUP
		DRUMS OF SLUDGE FOR LATER PICKUP

certify that the above named materials are properly classified, described, packaged, marked, and labeled and are in condition for transportation according to applicable regulations of the Dept. of Transportation.

I certify that all empty containers have all plugs, lids, and rings securely in place.

DRIVER

TRAINING

V-159

# THE PRILLAMAN CO. - PRILLAMAN CHEMICAL CORP.

P. O. BOX 4024 MARTINSVILLE, VIRGINIA 24112

TEL (703) 638-8829

2791

Customer Astro Pak

Date 10/12/82

1624 Steel Street

Location Chesapeake, Virginia

Truck 2397

NO. OF DRUMS	GALLONS	PICKUP CONFIRMATION
		RED LABEL - Empty drums previously containing a Flammable Liquid, N.O.S.
		YELLOW LABEL - Empty drums previously containing a Combustible Liquid, N.O.S.
		WHITE LABEL - Empty drums previously containing a Corrosive Liquid, N.O.S.
		POISON LABEL - Empty drums previously containing a Poison, N.O.S.
		EMPTY DRUMS NOT CLASSIFIED ABOVE
		FLAMMABLE LIQUID - Drums of Sludge, Compound Thinning, Red Label Required
		NO LABEL REQUIRED - Drums of Non- Flammable Sludge
		EMPTY DRUMS FOR LATER PICKUP
		DRUMS OF SLUDGE FOR LATER PICKUP
	63	Pick up approx. 63 drums Freon TF Waste. to be reclaimed and bring out any drums that are bad and they will repack in good drums.

This is to certify that the above named materials are properly classified, described, packaged, marked, and labeled and are in proper condition for transportation according to applicable regulations of the Dept. of Transportation.

It is further certified that all empty containers have all plugs, lids, and rings securely in place.

SHIPPER:

DRIVER P. T. ...

BY: R. ...

TRUCK NO. 2397



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ASTRO PAK

**BRANSON**  
a SmithKline company

CUST.  
ORDER  
NO.

ITEM NO.	P.C.	PRODUCT CODE AND DESCRIPTION	QUANTITY ORDERED	QUANTITY SHIPPED	UNIT PRICE	TOTAL PRICE	COMMENTS
		CONFIRMATION					
		Do Mary					